

PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/614,725
Filing Date	June 7, 2003
First Named Inventor	Gary Dahl
Title	Multi Functional Convertible Transp
Art Unit	3618
Examiner Name	Campbell, K.E.
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
John K. Buche	46,584

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	John K. Buche		
Address	PO BOX 131025		
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Country	USA		
Telephone	713-533-0777	Email	jbuche@westernIPlaw.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

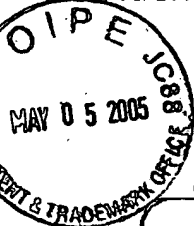
Signature		Date	May 3, 2005
Name	GARY MICHAEL DAHL	Telephone	713-782-3348
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Name	Registration Number
John K. Buchs	48,584

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<input checked="" type="checkbox"/> Firm or Individual Name	John K. Buchs		
Address	PO BOX 131025		
City	HOUSTON	State	TX
Country	USA		
Telephone	713-533-0777	Email	jbuchs@westernflaw.com

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Gary Dahl</i>	Date	May 3, 2005
Name	GARY MICHAEL DAHL	Telephone	713-782-3348
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

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